OMB# 2050-0024; Expires 01/31/2017

8/3/16pt

CIFITI SI	END OMPLETED ORM TO: he Appropriate tate or Regional ffice.	United States Envi RCRA SUBTITLE C	ironmental Protection Agency SITE IDENTIFICATION FORM				
1.	Reason for Submittal	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)					
- Company	MARK ALL BOX(ES) THAT APPLY	To provide a Subsequent Notification (to update site identification information for this location) As a component of a First RCRA Hazardous Waste Part A Permit Application As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) As a component of the Hazardous Waste Report (If marked, see sub-bullet below)					
<u> </u>		Site was a TSD facility and/or ger >100 kg of acute hazardous wast LQG regulations)	nerator of ≥1,000 kg of hazardous waste, >1 kg of e spill cleanup in one or more months of the repor	acute hazardous waste, o t year (or State equivalent			
2.	Site EPA ID Number	EPA ID Number 1 X 10 00	PINAIN				
3.	Site Name	Name: Clean Management of Corpus Chris	II, LLC-Robstown Facility				
4.	Site Location Information	Street Address: 4523 FM 892	13)				
	тиотпацоп	City, Town, or Village: Robstown		County: Nueces			
		State: TX Countr	ry: USA	Zip Code: 78380			
5.	Site Land Type	☑ Private ☐ County ☐ District [Federal Tribal Municipal	State Other			
6.	NAICS Code(s) for the Site	A. 3 2 4 1 9 9	с.				
	(at least 5-digit codes)	В.	D. []				
7.	Site Mailing Address	reet or P.O. Box: P.O. Box 709					
		City, Town, or Village: Robstown					
			y: USA	Zip Code: 78380			
8.	Darcon	First Name: Jim MI:	Last: Wright				
		Title: President					
	ì	Street or P.O. Box; P.O. Box 709					
		City, Town or Village: Robstown					
	F	State: TX Country	y: USA	Zip Code: 78380			
	F	Email: JWright@env-evol.com					
		Phone: 361-387-9400	Ext.:	Fax: 361-387-8400			
	Legal Owner and Operator	A. Name of Site's Legal Owner: Environment	tal Evolutions Holdings, Inc.	Date Became Owner: 07/02/2012			
	of the Site	Owner Type: Private County Distri	ict Federal Tribal Municipal	State Other			
		Street or P.O. Box; P.O. Box 709		- THE OWNER			
		City, Town, or Village: Robstown		Phone: 361-387-9400			
		State: TX Country	: USA	Zin Codo: 78380			
	I	3. Name of Site's Operator: J.W. Rentals, Inc.	c., DBA Environmental Evolutions National,	Date Became Operator: 07/02/2012			
		Derator Type: ☐ Private ☐ County ☐ Distri		State Other			

EPA ID Number	OMB#: 2050-0024; Expires 01/31/2017
10. Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all current activities (as of the date submitting the	e form); complete any additional boxes as instructed.
A. Hazardous Waste Activities; Complete all parts 1-10.	
Y N / 1. Generator of Hazardous Waste If "Yes," mark only one of the following – a, b, or c.	Y N / 5. Transporter of Hazardous Waste If "Yes," mark all that apply.
a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.	a. Transporter b. Transfer Facility (at your site) Y N ✓ 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities. Y N ✓ 7. Recycler of Hazardous Waste
100 to 1,000 kg/mo (220 − 2,200 lbs/mo) of non-acute hazardous waste. Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste. If "Yes" above, indicate other generator activities in 2-10. Y N V 2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.	Y N S. Exempt Boiler and/or Industrial Furnace If "Yes," mark all that apply. a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption
Y N ✓ 3. United States Importer of Hazardous Waste Y N ✓ 4. Mixed Waste (hazardous and radioactive) Generator	Y N ✓ 9. Underground Injection Control Y N ✓ 10. Receives Hazardous Waste from Off-site
B. Universal Waste Activities; Complete all parts 1-2. Y N V 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.	C. Used Oil Activities; Complete all parts 1-4. Y N 7 1. Used Oil Transporter If "Yes," mark all that apply. a. Transporter b. Transfer Facility (at your site)
a. Batteries b. Pesticides c. Mercury containing equipment d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) Y N V 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.	Y N 2. Used Oil Processor and/or Re-refiner If "Yes," mark all that apply. a. Processor b. Re-refiner Y N 3. Off-Specification Used Oil Burner Y N 4. Used Oil Fuel Marketer If "Yes," mark all that apply. a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner J b. Marketer Who First Claims the Used Oil Meets the Specifications

Ε	PA ID Number	r				OMB#: 2050-002	4; Expires 01/31/2017
Э.		demic Entities with uant to 40 CFR Pai	n Laboratorîes—Noti rt 262 Subpart K	fication for opting i	nto or withdrawing f	rom managing labo	ratory hazardous
	You ca	n ONLY Opt into Su	ıbpart K if:				
	agre	are at least one of t eement with a colleg ollege or university; /		e or university; a tea on-profit research ins	ching hospital that is o titute that is owned b	owned by or has a fo y or has a formal affil	rmal affiliation liation agreement with
	• you	have checked with	your State to determin	ne if 40 CFR Part 262	Subpart K is effectiv	e in your state	
Υ[N	Opting into or curren See the item-by-iter	tly operating under 40 m instructions for de	CFR Part 262 Subperfinitions of types of	art K for the manager f eligible academic e	ment of hazardous wa entities. Mark all tha	astes in laboratories at apply:
		a. College or Unive	ersity				
		b. Teaching Hospi	tal that is owned by	or has a formal writ	ten affiliation agreei	ment with a college	or university
		c. Non-profit Instit	ute that is owned by	or has a formal wri	tten affiliation agree	ement with a college	or university
_							
Υ	N/ 2. V	Vithdrawing from 40	CFR Part 262 Subpa	rt K for the managem	ent of hazardous was	stes in laboratories	
1.	Description	of Hazardous Wast	te				
۸.	Waste Codes your site. Lis spaces are n	st them in the order t	ulated Hazardous W they are presented in	/astes. Please list th the regulations (e.g.,	e waste codes of the D001, D003, F007, U	Federal hazardous w J112). Use an additio	vastes handled at onal page if more
					ļ	A CONTRACTOR OF THE CONTRACTOR	
				-			
3.	Waste Codes hazardous wa spaces are no	astes handled at you	ed (i.e., non-Federal) ur site. List them in th	Hazardous Wastes e order they are pres	. Please list the wast ented in the regulatio	te codes of the State- ns. Use an additiona	Regulated Il page if more
			-				
				1			
		I		1	1		

EPA ID Number		OMB#: 2050-0024; Expires 01/31/2017
12. Notification of Hazardous Secondary Mate	erial (HSM) Activity	
secondary material under 40 CFR	0.42 that you will begin managing, are man 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), c	or (25)?
13. Comments		
·	 	
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· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	
accordance with a system designed to assure	e that qualified personnel properly gather ar nanage the system, or those persons direct owledge and belief, true, accurate, and con uding the possibility of fines and imprisonm	nent for knowing violations. For the RCRA
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
March 1	In Wight President	04-68-3016
· · · · · · · · · · · · · · · · · · ·		

OMB# 2050-0024;	Expires	12/31/2014

O	MB# 2050-0024;	Expires 12/31/2014 UOR 486176 CON 43
CO FC Th St	END DMPLETED DRM TO: le Appropriate ate or Regional fice.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM
1.	Reason for Submittal	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
	MARK ALL BOX(ES) THAT APPLY	To provide a Subsequent Notification (to update site identification information for this location) As a component of a First RCRA Hazardous Waste Part A Permit Application As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)
		☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
		☐ Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)
2.	Site EPA ID Number	EPA ID Number TIXIR 0 0 0 0 7 6 0 1 8
3.	Site Name	Name: JW Rentals, Inc. Oba Environmental Evolutions
4.	Site Location	Street Address: 4525 FM 892 P.O. Box 709
	Information	City, Town, or Village: Robstown County: Nueces
_		State: 18x65 Country: U.5 A. Zip Code: 78380
5.	Site Land Type	A LO : A LO : 2 LA :
6. NAICS Code(s) for the Site (at least 5-digit		
	codes)	5.
7.	Site Mailing Address	Street or P.O. Box: 4525 FM 892 P.O. Box 709
		City, Town, or Village: Robstown
	Sita Contact	State: Texas Country: U.S. A. Zip Code: 78380 First Name: Barry MI: L. Last: Burnfield
8.	Site Contact Person	
	•	Street or P.O. Box: 4525 FM 892 P.O. Box 709 City, Town or Village: Robstown
		State: Texas Country: U.S.A. Zip Code: 78386
		Email: bburnfield@ gnu-gvol.com
		Phone: 361-387-9400 Ext.: Fax: 361-387-8400
9.	Legal Owner	A. Name of Site's Legal Owner:
	and Operator of the Site	Owner Trans Visit Co.
	ì	Street or P.O. Box: P.O. 1226
		City, Town, or Village: Robstown Phone: 361.387-7921
		State: Texas Country: U.S. A. Zip Code: 78380
		B. Name of Site's Operator: Tt.\ Dan H. T. Date Became 0.000
		Operator Type: Private County District Federal Tribal Municipal State Other
	1	-37 State Other

10.	 Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitting the form); complete any additional boxes as instructed. 						
Α.	Hazardo	ous Wa	ste Activiti	es; Complete all parts 1-1	0.		
Υ[NX			f Hazardous Waste rk only one of the followi	ng – a, b, or c.	YΣN	5. Transporter of Hazardous Waste if "Yes", mark all that apply.
		а.	LQG:	Generates, in any calenda (2,200 lbs./mo.) or more of Generates, in any calenda accumulates at any time, lbs./mo) of acute hazardo Generates, in any calenda accumulates at any time, (220 lbs./mo) of acute hazardaterial.	of hazardous waste; or ar month, or more than 1 kg/mo (2.2 us waste; or ar month, or more than 100 kg/mo	Y	 a. Transporter b. Transfer Facility (at your site) 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.
		b.	SQG:	100 to 1,000 kg/mo (220 - acute hazardous waste.	- 2,200 lbs./mo) of non-	Y N	7. Recycler of Hazardous Waste
	If "Yes		CESQG:	Less than 100 kg/mo (220 hazardous waste. other generator activities	·	YNX	8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. a. Small Quantity On-site Burner Exemption Description
Y N Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.							b. Smelting, Melting, and Refining Furnace Exemption
Υ[N	3. Ur	nited States	s Importer of Hazardous \	V aste	Y N X	9. Underground Injection Control
Υ[NA	4. Mi	xed Waste	(hazardous and radioacti	ve) Generator	Y N X	10. Receives Hazardous Waste from Offsite
В.	Univers	al Was	te Activitie	s; Complete all parts 1-2.	· · · · · · · · · · · · · · · · · · ·	C. Used O	il Activities; Complete all parts 1-4.
	Υ∏N	1.	accumularegulation types of	nantity Handler of Univers ate 5,000 kg or more) [reforms to determine what is runiversal waste managed that apply.	er to your State egulated]. Indicate	Y\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1. Used Oil Transporter If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site)
		VI o	d. Lamps e. Other of f. Other of	des y containing equipment (specify) (specify) (specify)		Y N N N N N N N N N N N N N N N N N N N	 Used Oil Processor and/or Re-refiner If "Yes", mark all that apply. a. Processor b. Re-refiner Off-Specification Used Oil Burner Used Oil Fuel Marketer If "Yes", mark all that apply.
	ү [] N[<u> </u>		on Facility for Universal \ nazardous waste permit ma			a. Marketer Who Directs Shipment of Off- Specification Used Oil to Off- Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA	ID	Number	

Π	ΊX	R	0	0	01	10		16	10	1	8
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OMB#: 2050-0024; Expires 12/31/2014

2.	Notificat	on of Hazardous Secondary Materi	al (HSM) Activity		
Υ	N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?				
		If "Yes", you <u>must</u> fill out the Addendu Material.	ım to the Site Identification Form: Notification f	or Managing Hazardous Secondary	
13.	Comme	its	,		
			:		
			1		
				,	
14.	14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).				
		f legal owner, operator, or an epresentative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)	
	A	the	Jim Wright, President	02/26/2013	
ļ.	V				
ļ					

5/3/14M

FC Th Sta	END DMPLETED DRM TO: ne Appropriate ate or Regional fice. Reason for Submittal	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to of			
for this location) MARK ALL BOX(ES) THAT APPLY As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #					
2.	Site EPA ID Number	EPAID Number TORIDOD PISS 755			
3.	Site Name	Name: J.W. Rentals, Inc., DBA Environmental Evolutions National, Inc Robstown Facili	ty		
4.		Street Address: 4523 FM 892			
	Information	City, Town, or Village: Robstown	County: Nueces		
_		State: TX Country: USA	Zip Code: 78380		
5.	Site Land Type	Private County District Federal Tribal Municipal	State Other		
6.	NAICS Code(s) for the Site	A. 4 2 3 9 3 0 C.			
	(at least 5-digit codes)	В			
7.	Site Mailing Address	Street or P.O. Box: P.O. Box 709			
		City, Town, or Village: Robstown			
		State: TX Country: USA	Zip Code: 78380		
8.	m	First Name: Jim MI: Last: Wright			
		Title: President			
	r	Street or P.O. Box: P.O. Box 709			
		City, Town or Village: Robstown			
	r	State: TX Country: USA Email: JWright@env-evol.com	Zip Code: 78380		
		204 207 0400			
9.		(=A)	Fax: 361-387-8400 Date Became		
J.	and Operator	A. Name of Site's Legal Owner: Environmental Evolutions Holdings, Inc.	Owner: 07/02/2012		
	of the Site	Type: Private County District Federal Tribal Municipal	State Other		
		Street or P.O. Box: P.O. Box 709			
	Ī	City, Town, or Village: Robstown	Phone: 361-387-9400		
		State: TX Country: USA	Zip Code: 78380		
	 - -	3. Name of Site's Operator: J.W. Rentals, Inc., DBA Environmental Evolutions National	Operator: 07/02/2012		
		Operator Type: Private □ County □ District □ Federal □ Tribal □ Municipal	State Other		

EPA ID Number	OMB#: 2050-0024; Expires 01/31/2017
Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all current activities (as of the date submitting the state of the	ne form); complete any additional boxes as instructed.
A. Hazardous Waste Activities; Complete all parts 1-10.	
1. Generator of Hazardous Waste If "Yes," mark only one of the following – a, b, or c.	Y N 5. Transporter of Hazardous Waste If "Yes," mark all that apply.
a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.	a. Transporter b. Transfer Facility (at your site) Y N ✓ 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities. Y N ✓ 7. Recycler of Hazardous Waste
b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.	
c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste. If "Yes" above, indicate other generator activities in 2-10.	Y N 7 8. Exempt Boiler and/or Industrial Furnace if "Yes," mark all that apply. a. Small Quantity On-site Burner
2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.	Exemption b. Smelting, Melting, and Refining Furnace Exemption
Y ☑ N 🗹 3. United States Importer of Hazardous Waste	Y N 🗸 9. Underground Injection Control
Y N 🗸 4. Mixed Waste (hazardous and radioactive) Generator	Y N ✓ 10. Receives Hazardous Waste from Off-site
3. Universal Waste Activities; Complete all parts 1-2.	C. Used Oil Activities; Complete all parts 1-4.
Y N 7 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.	Y N 1. Used Oil Transporter If "Yes," mark all that apply. a. Transporter b. Transfer Facility (at your site)
a. Batteries b. Pesticides c. Mercury containing equipment d. Lamps e. Other (specify) f. Other (specify) g. Other (specify) Y N 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.	Y N 2. Used Oil Processor and/or Re-refiner If "Yes," mark all that apply. a. Processor b. Re-refiner Y N 3. Off-Specification Used Oil Burner Y N 4. Used Oil Fuel Marketer If "Yes," mark all that apply. a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications
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EPA ID N	O Number										OMB#: 2050-0024; Expires 01/31/2017								
D. Eligib waste	le Acad	lemic E Jant to	ntities 40 CFR	with Part	Labora 1 262 S	atorie: ubpar	sN	otifica	ation f	or opti	ng in	to or wi	thdrawi	ng fron	n mana	ging lab	oratory h	nazardous	
	You ca					-													
•	ayıc	GHEH	east one with a co univers	วแคนิค	a or uni	wing: versity	a coll /; or a	lege o a non-	r unive profit r	ersity; a esearc	teac h inst	hing hos itute that	pital tha t is owne	is owr d by o	ned by o r has a f	r has a f ormal af	ormal affii filiation ac	liation greement with	
•	you	have ch	ecked v	vith y	our Sta	te to d	deterr	nine i	f 40 CF	R Рап	1 262	Subpart	K is effe	ctive ir	your st	ate			
Y NZ	1. 0	pting in	to or cu	rrenti	v opera	atina u	nder	40 CF	R Parl	1262.5	ubna	rt K for t	he mana	aoman	t of hoz	ardous u	/astes in I nat apply	aboratories	
	a	. Colle	ge or U	níve	rsity														
	b	. Teac	hing Ho	spita	al that	is owi	ned b	y or l	nas a f	ormal	writte	en affilia	ıtion agı	eemer	nt with a	college	or unive	ersity	
	c	. Non-	profit In	stitu	te that	is ow	ned l	by or	has a	forma	writi	en affili	ation ag	reeme	nt with	a colleg	e or univ	ersity	
Y N] 2. W	ithdraw	ing from	1 40 C	CFR Pa	ırt 262	! Subj	part K	for the	e mana	geme	ent of haz	zardous	wastes	in laboi	atories			
1. Descri	iption c																		
your or	Codes ite. List s are ne	men n	derally I	Regu der th	lated h	lazar o presei	dous nted i	Wast n the	es. Ple regulai	ease lis tions (e	st the e.g., D	waste c	odes of t 03, F00	he Fed 7, U112	leral haz 2). Use	zardous v an additi	wastes ha onal page	andled at e if more	
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EPA ID Number		OMB#: 2050-0024; Expires 01/31/2017
12. Notification of Hazardous Secondary N	Naterial (HSM) Activity	
secondary material under 40 CF	. 260.42 that you will begin managing, are managir FR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (2	5)?
If "Yes," you must fill out the Add Material.	dendum to the Site Identification Form: Notification	ı for Managing Hazardous Secondary
13. Comments		
and the second s		
accordance with a system designed to ass on my inquiry of the person or persons wh information submitted is, to the best of my penalties for submitting false information,	w that this document and all attachments were presure that qualified personnel properly gather and entering the manage the system, or those persons directly reconstructed and belief, true, accurate, and completing the possibility of fines and imprisonment on, all owner(s) and operator(s) must sign (see 40).	valuate the information submitted. Based esponsible for gathering the information, the te. I am aware that there are significant for knowing violations. For the RCRA
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
The same of the sa	Timedolght brestch it	0#-25-3c16



478A.TXR000026641 0001 HAMNER INC CORPUS CHRISTI TX 78417



\$000217533

HZ/RC/NT

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ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Rederal Hazardous Waste Persis; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA LD. NUMBER

TXROODO26641 04/16/98

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PO 100 AND CONTROL OF THE PROPERTY OF THE PR

MATALLATION ADDRESS

5582 OLD BROWNSVILLE RD CORPUS CHRISII ,IX 78417

SPA Form #700-12A (0-00)

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SPA Perm \$700-12 (flor, 11-00-00) Provious edition is absolute.

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